



STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
FOR PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

RECEIVED
 MAY 18 PM

☒ Initial Application

☐ Amended Application

FILERID
 200493100

NAME OF CANDIDATE MARLA WING		OFFICE SOUGHT (include Legislative District, if applicable) State Senate dist 6	
ADDRESS (NUMBER & STREET) 1709 E Beaubien Dr		CITY Phoenix	STATE AZ
MAILING ADDRESS (if different from above)		CITY	STATE
CANDIDATE'S TELEPHONE # 602-290-8153	CANDIDATE'S FAX # 623-869-8691	CANDIDATE'S E-MAIL ADDRESS marla.wing@aol.com	
CANDIDATE'S PARTY AFFILIATION (if any) DEMOCRAT			
NAME OF CANDIDATE'S COMMITTEE MARLA WING FOR STATE SENATE DIST 6			
COMMITTEE'S ADDRESS 1709 E Beaubien Dr		CITY Phoenix	STATE AZ
COMMITTEE'S PHONE # 602-290-8153	COMMITTEE'S FAX # 623-869-8691	COMMITTEE'S E-MAIL ADDRESS marla.wing@aol.com	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) MARLA WING			
DESIGNATED INDIVIDUAL'S ADDRESS 1709 E Beaubien Dr		CITY Phoenix	STATE AZ
DESIGNATED INDIVIDUAL'S TELEPHONE # 602-290-8153	DESIGNATED INDIVIDUAL'S FAX # 623-869-8691	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS marla.wing@aol.com	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)) BANK ONE			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate MARLA WING as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: 5-18-04

Candidate's Signature: [Signature]